Applicant

: Stephen Hamilton

For

ENDOMANNOSIDASES IN THE MODIFICATION

OF GLYCOPROTEINS IN EUKARYOTES



EXPRESS MAIL CERTIFICATION

"Express Mail" mailing label number EV132184215US

Date of Deposit October 27, 2003

I hereby certify that this transmittal letter and the other papers and fees identified in this transmittal letter as being transmitted herewith are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. § 1.10 on the date indicated above and are addressed to Mail Stop New Patent Application to the Hon. Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Claire J. Seintil-van Goodman

Mail Stop New Patent Application Hon. Commissioner for Patents

P.O.Box 1450

Alexandria, VA 22313-1450

TRANSMITTAL LETTER FOR UNEXECUTED ORIGINAL PATENT APPLICATION

Sir:

Transmitted herewith for filing are the:
[X] Specification; [X] Claims; [X] Abstract; [X] Unexecuted Declaration; [X] Power of Attorney; [X] Application Data Sheet; [X] Postcard; for the above-identified patent application.

AISO	trans	smitted nei	rewit	n are:						
[X]	(15)	Fifteen	sheet	ts of:						
	[]	Formal drawings.								
	[X]	[3] Informal drawings. Formal drawings will be filed during the pendency of this application.								
[]	Certified copy(ies) of application(s)									
		(country)		(appln	. no.)	-	(filed)	•		
	 	(country)		(appln	. no.)		(filed)	•		
[]	An assignment of the invention to									
	[]	A check in recording		amount	of \$40	.00 to	cover the			
	[]	Please charge \$40.00 to Deposit Account No. 06-1075 in payment of the recording fee. A duplicate copy of this transmittal letter is transmitted herewith.								
[]	An a	ssociate po	ower (of atto	rney.					

Small entity status is respectfully requested.

The filing fee has been calculated as shown below:

FOR	NUMBER FILED		NUMBER EXTRA			RATE		FEES
BASIC FEE			-	· · · · · · ·				\$ 385.00
TOTAL CLAIMS	39 - 2	20 =	=	19	х	\$ 9	=	\$ 171.00
INDEPENDENT CLAIMS	4 - 3	} :	=	1	x	\$ 43	=	\$ 43.00
[X] MULTIPLE	DEPENDENT	CLA	ΙM		+	\$145	=	\$ 145.00
						TOTAL		\$ 744.00

- [X] A check in the amount of \$ 690.00 in payment of the filing fee is transmitted herewith.
- [] This application is being filed unaccompanied by a filing fee. The appropriate filing fee will be paid in response to a Notice to File Missing Parts, pursuant to 37 C.F.R. § 1.53(f).
- [X] The Director is hereby authorized to charge \$ 54.00 in payment of 6 dependent claims, and the Director is authorized to charge payment of additional filing fees required under 37 C.F.R. § 1.16, in connection with the paper(s) transmitted herewith, or credit any overpayment of same, to Deposit Account No. 06-1075. A duplicate copy of this transmittal letter is transmitted herewith.

[] Please charge \$____ to Deposit Account No. 06-1075 in payment of the filing fee. A duplicate copy of this transmittal letter is transmitted herewith.

Respectfully submitted,

James F. Haley, Jr. (Reg. No. 27,794)

Barbara A. Ruskin (Reg. No. 39,350)

Attorneys for Applicant

Bhavana Joneja (Reg. No. 47,689)

Agent for Applicant

FISH & NEAVE

Customer No. 1473

1251 Avenue of the Americas

New York, New York 10020-1104

Tel.: (212) 596-9000 Fax: (212) 596-9090